STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

DEPARTMENT OF HEALTH SERVICES
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PETE WILSON, Governor

November 9, 1993

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

Letter No: 93-79

QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) PROGRAM BROCHURE

REF.: ACWDL No. 91-09, 92-20, 92-79, 93-16

The purpose of this letter is to inform you of a national outreach screening tool developed for the QMB program at the request of the Health Care Financing Administration (HCFA). This form (a copy of which is enclosed) was previously used in a pilot project (Alameda County) to help potential QMBs determine their eligibility.

HCFA intends to distribute this form to various groups which may be able to locate potentially eligible QMB beneficiaries. Individuals who appear eligible will then be referred to the counties or the Social Security Office, if appropriate.

If an individual referred to counties has not enrolled in Medicare Part A, you should inform him/her that the Medicare General Enrollment Period for this benefit is only from January through March of each year. Have him/her return to your office for an eligibility determination after he/her has enrolled in "conditional" Medicare Part A. You may wish to give him/her the MC 176 QMB-3 referral form to facilitate this process.

If the individual has not enrolled in either Medicare Part A or Part B, he/she may not be eligible for Medicare. Please do not report these income and property eligible individuals to MEDS as potential QMBs without confirmation from the Social Security Administration of Medicare eligibility and a Health Insurance Claim (HIC) number.

If you have any further questions, please contact Marge Buzdas of my staff at (916) 657-0726.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

THIS IS NOT AN APPLICATION FOR MEDICAID

Qualified Medicare Beneficiary (QMB)Eligibility Questionnaire

Instructions: Please complete the questions below .

	Yes	No	Don't Know
Do you or your spouse have Medicare cards?	☐	☐	☐

*If your answer is "NO," **STOP HERE.** In order to receive the QMB benefit, you must apply for Medicare. Please contact your local Social Security office for further information.*

1. Your Social Security number: ☐☐☐-☐☐-☐☐☐☐

2. Please fill in the following information about yourself:

Name _____ Date of Birth _____
Last First M.I. *Mo. Day Year*

Please fill in the following information about your spouse, if applicable:

3. Social Security number: ☐☐☐-☐☐-☐☐☐☐

4. Name _____ Date of Birth _____
Last First M.I. *Mo. Day Year*

5. Your address: _____
Street Address (House or Box Number and Street)

_____
City State Zip Code

6. What is your telephone number? (____) _____

7. What is your Medicare claim number? _____

		Yours	Spouse
8. Monthly non-work income: (like Social Security payments, pensions, interest payments or contributions from others)	8a.	$	8b.
Subtotal of 8a. + 8b.	8c.	$	
9. Monthly income from employment: (Subtract $65.00.)	9a.	$	9b.
			Subtract (65.00)
Subtotal of 9a. + 9b. – 65.00	9c.	$	
10. TOTAL MONTHLY INCOME (**add lines 8c. and 9c.**)		$	
11. Please estimate your cash assets, which is the total value of all bank accounts, stocks, bonds, certificates of deposit, or cash:		$	

IF you are single and your total monthly income is no greater than $601 with assets of less than $4,000 OR you are married and your total monthly income is no greater than $806 with assets of less than $6,000 THEN follow the instructions on the other side to contact your local office that handles Medicaid applications. If your income is above these levels, but less than $659 if you are single or less than $884 if you are married, you may be entitled to have your Medicare Part B premiums paid. Contact the office listed on the other side of this form.

ATTENTION MEDICARE RECIPIENTS
Do You Qualify for the QMB Benefit?

The Qualified Medicare Beneficiary (QMB) program entitles certain low-income Medicare beneficiaries to State Medicaid assistance in paying their Medicare premiums, deductibles, and coinsurance. You may qualify for this benefit if your income and assets are below a certain level. This form is designed to help you find out if you are eligible. Please read the information below:

Are you currently receiving Medicare?

In order to qualify for the QMB benefit, you must be enrolled in the Medicare program. If you have not signed up for Medicare, or don't know if you are receiving Medicare benefits, please contact your local Social Security office.

If you are single:

To be eligible for the QMB benefit in 1993, your MONTHLY income must be no greater than $601. You must also have assets of less than $4,000, excluding your home, car, and personal belongings (but you must count cash assets, like bank accounts, stocks, certificates of deposit, or cash).

If you are married:

To be eligible for the QMB benefit in 1993, your MONTHLY income must be no greater than $806. You must also have assets of less than $6,000, excluding your home, car, and personal belongings (but you must count cash assets, like bank accounts, stocks, certificates of deposit, or cash).

If you think you qualify for benefits:

Please contact your local office that handles Medicaid applications or call the Medicare Hotline at 1-800-638-6833.

Your local office that handles Medicaid applications is:

Phone Number: